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May 18, 2005

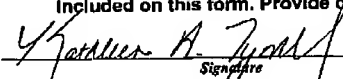
TO: Examiner Cook (TC1600)**GROUP: 1641****FAX NUMBER: 703-872-9306****ATTORNEY DOCKET NO.: PTQ-0028****SERIAL NO.: 09/419,901****FILED: October 18, 1999****NUMBER OF PAGES: 21****MESSAGE:** Attached please find Amendment Transmittal Letter; Preliminary Amendment and Certificate of Transmission by Facsimile.**Kathleen A. Tyrrell, Registration No. 38,350****URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!**

* * * * *

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AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. PTQ-0028	
Applicant(s): Van Eyk et al.					
Application No. 09/419,901	Filing Date October 18, 1999	Examiner Cook, Lisa V.	Customer No. 26259	Group Art Unit 1641	Confirmation No. 2043
Invention: Methods of Diagnosing Muscle Damage					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	28 -	68 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	2 -	5 =	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature Kathleen A. Tyrrell, Reg. No. 38,350			Dated: May 18, 2005		
<div style="border: 1px solid black; padding: 5px;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>					
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: PTQ-0028
Inventors: Van Eyk et al.
Serial No.: 09/419,901
Filing Date: October 18, 1999
Examiner: Cook, Lisa V.
Group Art Unit: 1641
Title: Methods of Diagnosing Muscle Damage

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On May 18, 2005


Kathleen A. Tyrrell, Registration No. 38/350

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Commissioner for Patents
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Alexandria, VA 22313

Dear Sir:

Preliminary Amendment

This Preliminary Amendment addresses issues raised in the Advisory Action dated March 9, 2005. A Request for Continued Examination and the Requisite Fee with a Supplemental Information Disclosure Statement and a Petition for a three (3) month extension of time were filed on April 14, 2005. Entry of these amendments and remarks is respectfully requested.

Attorney Docket No.: PTQ-0028
Inventors: Van Eyk et al.
Serial No.: 09/419,901
Filing Date: October 18, 1999
Page 2

Amendments to the claims are reflected in the listing
of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 14.